



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SARA VASQUEZ

SECRETARY

JAMES BARGER

COMMISSIONER

SHAN LEE

COMMISSIONER

September 1, 2011

Agnes Taavao
Samoan Congregational Christian Church
109 S. Aprilia
Compton, CA 90220

HEARING ON APPLICATION FOR BINGO MANAGER **BUSINESS LICENSE ID #138247**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, September 14, 2011 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost in Lot 14, the Music Center lot, located at the corner of Grand Avenue and Temple Street. A map is enclosed. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :.....XXXX

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....XXXXXX
2ND PUBLISHING DATE:.....XXXXXX
3RD PUBLISHING DATE:.....XXXXXX

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

BINGO MANAGER

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....833 TORRANCE BLVD
TORRANCE, CA 90502
NAME OF APPLICANT:.....SAMOAN CONGREGATIONAL CHRISTIAN
CHURCH / AGNES TAAVAO
SAMOAN CONGREGATIONAL CHRISTIAN
CHURCH
DATE OF HEARING:.....09/14/2011
TIME OF HEARING:.....09:00 A.M.

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION
500 W. TEMPLE STREET RM. 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 138247

BUSINESS INFORMATION

Type of Business: <u>Bingo Manager</u>	Address of Business: <u>833 Torrance Blvd Torrance</u>	
DBA (Business Name): <u>Dominquez</u>	Business Telephone: <u>(310) 971-7573</u>	
<u>Samoan Congregational Christian Church</u>	Mailing Address: <u>109 S Aprilia Compton 90220</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>4/83</u>	Incorporated in the State of: <u>CA</u>	
Exact Corporate Name: <u>Dominquez Samoan Congregational Christian Church</u>		
Names of Officers	Addresses	Titles
<u>Fa'atamalii Seu</u>	<u>109 S Aprilia Compton CA 90220</u>	<u>Treasurer</u>
<u>Apoa Ropati</u>	<u>"</u>	<u>Secretary</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>Hones Tavao</u>		
Home Address:		
Home Telephone:	Cell Phone:	Email address:
Social Security #:	Date of Birth:	Place of Birth:
Driver's License or State ID#:		Expiration Date:
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height <u>5'5"</u>	Weight <u>301 lbs</u>
Hair Color <u>Black</u>		Eye Color <u>Brown</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 3/7/11 Applicant's Signature: [Signature]

Application taken by: _____ Date: _____



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: BINGO MANAGER

ADDRESS OF BUSINESS: 833 TORRANCE BLVD., TORRANCE, CA 90502

TELEPHONE: (310) 971-7573

OWNER OF BUSINESS: AGNES TAAVAO

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SAMOAN CONGREGATIONAL CHRISTIA

MAILING ADDRESS: 109 S APRILIA, COMPTON, CA 90220

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control	_____	_____	_____
<input type="checkbox"/> 2. Risk Management	_____	_____	_____
<input type="checkbox"/> 3. Building & Safety	_____	_____	_____
<input type="checkbox"/> 4. Fire Department	_____	_____	_____
<input type="checkbox"/> 5. Public Health	_____	_____	_____
<input type="checkbox"/> 6. Treasurer & Tax Collector	_____	_____	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	07/13/11	_____
<input type="checkbox"/> 9. Regional Planning Commission	_____	_____	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input type="checkbox"/> 11. Publishing	_____	_____	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	07/13/11	_____

Conditions:



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



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**SHERIFF DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approve

SIGNATURE:

[Signature]

DATE:

7-12-11

BASIC LICENSE NO. 3531

DATE 07/12/11

IDENTIFICATION NUMBER 138247